Montana EMS & Trauma Systems

August 2015 Issue

In this newsletter, we hope to improve communication within the trauma system throughout the State of Montana. This quarterly newsletter will provide updates on trauma information, injury prevention and education provided for emergency room providers, nursing staff, and EMS providers that provide care in Montana communities.

Coordinator's Corner

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ROCKY MOUNTAIN RURAL TRAUMA SYMPOSIUM

Crowne Plaza, Billings, MT

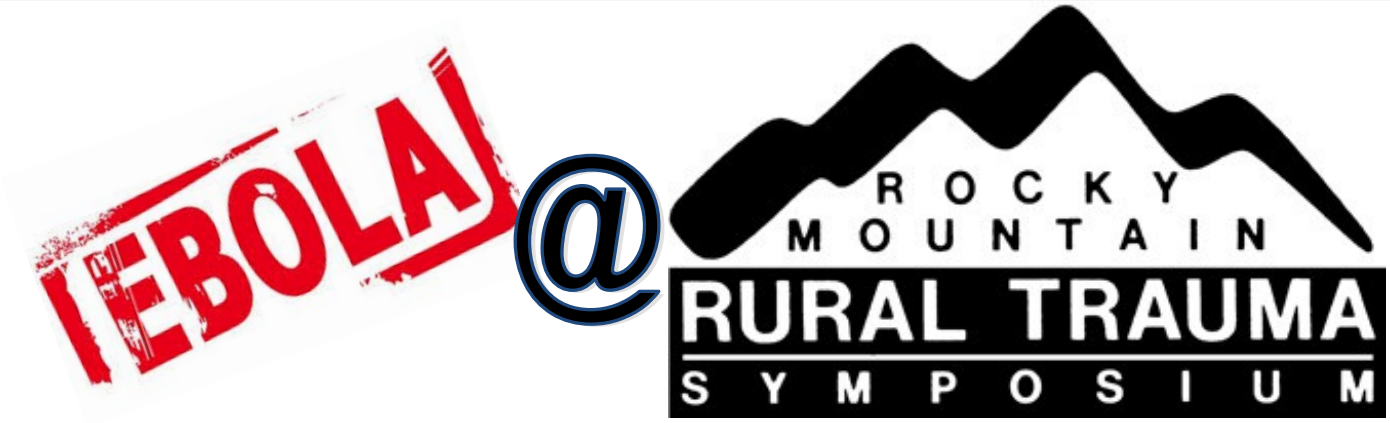
September 24-25, 2015

This annual educational symposium is for physicians, advanced practitioners, nurses and emergency medical providers working in the rural environment.

Listen to National Educators Justin Sempsrott, MD; Steven Moulton, MD; Eileen Bulger, MD; Kathyrn Wells, MD; Jason Martin, RN; and George Risi, MD.

Local Montana presentors include educators James Bentler, MD; Menard Barruga, MD; Barry McKenzie MD; Michael Englehart, MD; Gordon Riha, MD; and Lee Johnson, Criminal Investigation .

The EMS and Trauma systems of Montana welcomes suggestions for our future newsletters. Contact Britta Cross at bcross@mt.gov with your suggestions. For more information about EMS and Trauma Systems visit our link http://dphhs.mt.gov/publichealth/EMSTS



The initial excitement over Ebola Virus Disease seems to have dwindled significantly since the appearance of the nation's first Ebola patient back in October 2014. While the news coverage has decreased, the impacts have been far reaching. A number of initiatives have been established to improve health and safety for healthcare workers who may in encounter patients with highly infectious diseases in both pre-hospital and hospital settings. Funding from the Ebola initiative for the Hospital Preparedness Program is being used to provide training for EMS and hospital personnel at the Rocky Mountain Trauma Symposium in September, 2015.

The issue of healthcare worker safety extends beyond the "medical" patient to any patient that we encounter. Trauma patients may have underlying infections or conditions as easily as the medical patient that we encounter. We think this is an excellent opportunity to remind ourselves and each other that there are many tools and procedures available to protect ourselves when we provide care to any patient. The Montana Hospital Preparedness Program is pleased to provide three during the Symposium specifically focused on helping healthcare workers protect themselves.

The Fit-Testing Track will be limited to 50 participants per session. Participants will have an opportunity to be fit tested for N95 respirators. We will supply a 3M 1860 or a 3M 1860s. If your facility uses a different N95, we encourage you to bring one of those for fit testing. Be sure that you know what kind, what size of mask you are bringing. We will be using Porta Counts to provide quantitative fit-testing and will provide documentation that you have been fit tested and the type of mask worn. We will also have hoods available for qualitative fit-testing.

If you are not familiar with the Porta Count systems, you are welcome to observe how they're used once you've completed your fit-testing. Montana HPP will provide information on the procedure for borrowing our Porta Counts and creating a Respiratory Protection Plan for your facility or EMS agency.

The Donning/Doffing Track will offer students an opportunity to learn the principles of choosing appropriate Personal Protective Equipment (PE) including respiratory protection. Students will learn procedures for safely donning PPE. Just as importantly, students will learn the procedures for safely removing contaminated PPE. We will be using the type of PPE that should be worn to provide care to an Ebola patient, but the principles apply to many types of PPE.

A third track features George Risi, M.D., presenting 'Biosafety and Infectious Disease Overview". Dr. Risi has extensive education and experience in Infectious Diseases and currently serves as the Infectious Diseases Clinical Consultant to the Rocky Mountain Laboratories. Dr. Risi's presentation will be a great opportunity to hear directly from a provider who has personal experience within the world of highly infectious diseases.

Article By: Dayle Perrin, Hospital Preparedness Department of Human and Health Services

Montana Trauma System Conference

September 23, 2015—Crowne Plaza Billings, MT

This pre-conference is designed for hospital Trauma Medical Directors, Trauma Coordinators, and Trauma Registrars. It is a "pre-cursor" to the Rocky Mountain Rural Trauma Symposium (RMRTS)

DI SOFTWARE BASED TRAINING

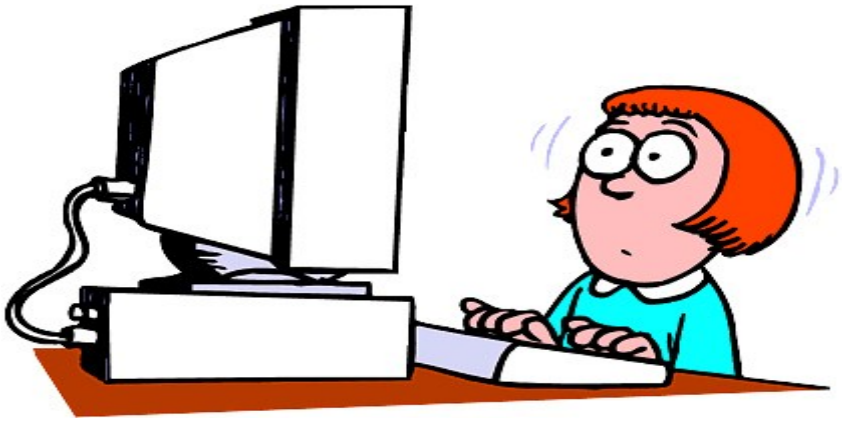
REPORT WRITER

MTS: Focusing on Performance Improvement

- Mike Glenn " Ten things you can do to improve your PI Program"
- Best Practices from Around the State
- Trauma Performance Improvement
  - Documentation
  - Peer Review
- PIN Network: Incorporating Trauma Performance Improvement

TRAUMA REGISTRY- DATA, DATA, DATA

Carol Kussman, RN, BSN, EMS and Trauma Systems, Department of Public Health and Human Services



We have survived our first quarter of data entry into the new web-based trauma registry!!

I am slowly (very slowly, sorry) giving feedback to web-based paper abstract users about your 1st Quarter 2015 entries and some of the 2nd Quarter 2015 entries..

Some common pitfalls ;

Don't leave element fields blank. We don't know if you meant to leave it blank or didn't answer it on purpose etc. Think of a data element as asking a question and you need to fill in the blank with some answer. It is fine to put N/A for those things that your facility doesn't capture of perform (such as base deficit/excess, Alias for a name) and it is okay to put a question mark if you don't know how much or what something may be (SSN, crystalloid volume, general condition on discharge, etc).

Remember that, **Source of Trauma System Inclusion** refers to trauma team activation and whether or not that TTA was activated by EMS or from the information EMS provided **Pre-hospital (1), Trauma Team Activation at the hospital (2),** which refers to walk-ins and drive-ups or activations that take place shortly after patient arrival in the ED, t**ransfer from another acute care facility (3)** refers to only a few of the web-based users who receive a trauma patient from another facility who has been treated at that facility but needs to transfer the patient to another bigger facility for treatment, (i.e., Terry saw a patient and transferred it to Miles City who activated their trauma team**). Retrospective Review (5)** are those patients who did not receive an trauma team activation but who meet Trauma Registry Inclusion Criteria. Remember that we all have patient who we don't activate for because they are physiologically stable, there are no obvious anatomic injuries, no stand out mechanism or co-morbid consideration but when we are working the patient up it is found they have injuries that qualify them for inclusion into the trauma registry. It does not always mean that you are not activating appropriately.

For those of you in the Eastern Region (ERTAC), one of the Regional PI indicators is **"backboard removal 30 minutes from time of arrival in ED."** You need to document the time that EMS or the ED placed the patient on the board as the *"start time"* and you need to document the time they were removed from the backboard, *"stop time"*. That is how we will run the report to see what patients didn't meet that indicator.

Remember to document pre-hospital procedures as well! As the Trauma Coordinator you are looking at the entire picture of care provided to the patient, which includes EMS (It is and evaluation of how **WE** did and not how the patient did). Reviewing the trauma care that **ALL** phases of the trauma team provides and the times that interventions are done, is one of the easiest ways to identify **opportunities for improvement** in performance improvement.

Document all **crystalloid fluid and any blood products** given to the patient by EMS, ED and the facility for the first 24 hours! This is documented in **blood tracking** in the Labs tab. **Software users should also document crystalloid and blood products given for the first 24 hours and should also be documented in blood products screen and procedures**.

TRAUMA REGISTRY- DATA CONTINUES ……..

ED Admission Status – refers to if you activated the trauma team or not. Was it a **partial (4) or full activation (5) or (3) non-trauma service**, which is an evaluation and treatment by ED providers when there isn't an activation. Remember that it happens that patients don't always get an activation because they looked physiologically, anatomically fine and didn't have a significant mechanism of injury, but when the patient was evaluated and treated it was found the patient had injuries that necessitated the patient being transferred to definitive care or admitted for greater than 48 hours, which qualified them based upon Trauma Registry Inclusion Criteria.

Trauma Consult, – is a consult by the general surgeon only and the patient is evaluated in the ED or hospital by a time frame specified by your facility. This does **NOT** mean a consult by the orthopedic surgeon, internist, hospitalist or admitting physician.

Software Based Users- a clarification about Hospital Complication of "Pneumonia"

Pneumonia: Patients with evidence of pneumonia that develops during the hospitalization and meets at least one of the following two criteria:

- Criterion #1: Rales or dullness to percussion on physical examination of chest AND any of the following:
  New onset of purulent sputum or change in character of sputum.
  Organism isolated from blood culture.
  Isolation of pathogen from specimen obtained by transtracheal aspirate, bronchial brushing, or biopsy.
- Criterion #2: Chest radiographic examination shows new or progressive infiltrate, consolidation, cavitation, or pleural effusion AND any of the following:
  New onset of purulent sputum or change in character of sputum.
  Organism isolated from the blood.
  Isolation of pathogen from specimen obtained by transtracheal aspirate, bronchial brushing, or biopsy
  Isolation of virus or detection of viral antigen in respiratory secretions
  Diagnostic single antibody titer (IgM) or fourfold increase in paired serum samples (IgG) for pathogen
  Histopathologic evidence of pneumonia

So, if the patient meets the Pneumonia definition, and it occurred during the patient's stay at your hospital, then you should report "Pneumonia" as a Hospital Complication in your NTDB/TQIP data submission. *Please note, that currently the NTDB does not follow the same definition for pneumonia as the CDC; however, you can look for this to change with 2016 admissions.*

Keep up the great work you all do for our trauma patients each day and please don't hesitate to contact me with any registry questions. We are here to help! ckussman@mt.gov or (406) 444-4459.

Montana Cardiac Ready Communities

The mission of the Cardiac Ready Communities Program is to increase the survival of cardiac patients through development and implementation of high-performance cardiac care systems in the State of Montana.

The Cardiac Ready Communities Program is being funded by a grant from the Leona and Harry Helmsley Charitable Trust. The intention of the grant is to purchase Lucas 2 Chest Compression Devices for most ambulance services, some first responder services and hospitals in the state. The Lucas devices are tremendous tools to assist in performing high quality chest compressions during resuscitation. However, the tool will only be of benefit if earlier elements in the Cardiac Chain of Survival are in place first. The program will work with individual communities to establish a strong chain of survival by evaluating each link in the chain and improving it within the community. Recognition of a cardiac event, calling 911, having dispatch-assisted CPR (as a minimum), having quick access to an AED, and training the community in hands-only CPR will greatly improve the survival outcomes of those suffering from a sudden cardiac arrest as well as those who experience a heart attack or stroke.

The Lucas 2 itself will be a tremendous asset to EMTs and hospital staff. It always performs compressions to a depth of 2 inches and at a rate of 100 bpm. It never gets tired and will work continuously as long as it has a power source. Further, by being able to utilize a Lucas during transport, EMTs are able to safely secure themselves in the ambulance to avoid injury while moving.

The program manager, Janet Trethewey, will be visiting each community slated to receive a Lucas Device over the next year-18 months to help initiate the Cardiac Ready Community program in that area. Once a community has reached the minimum requirements, the program will be evaluated and an appropriate community designation will be given. Disbursement of the Lucas devices will be by EMS region beginning with Region 6 August 1st, Regions 2 & 4 October 22, with the remaining regions to follow.

For further information about the Cardiac Ready Communities Program, contact Janet Trethewey at jtrethewey@mt.gov, or 406-444-0442. The Web site is http://dphhs.mt.gov/publichealth/EMSTS/cardiacready. There is a link to the community application and toolkit on the web site for those interested in starting work in their community

Stakeholder Meeting- Simulation in Motion Montana

August 27th, 1-5 p.m.

Helena Capitol Building, Rm 152

Who Should Attend?

Representatives of EMS, Hospitals, Universities, and Colleges- any stakeholder with interest in Helmsley funded mobile simulation education program for Montana.

The goals of this August 27th meeting are to gauge interest from interested stakeholders and partners about such a project and to discuss a draft business plan relative to sustainable funding for such an initiative beyond the three years.

Injury Prevention

Falls Prevention Awareness Day is September 23, 2015. Many communities across Montana are planning local events at their senior centers and other locations that serve adults who may be at risk of falling. Falls are a common occurrence among older adults, with 32% reporting a fall in 2014. Falls are also preventable, and taking action to learn the risks can save a person from a costly injury. Encourage older adults to talk with their doctor about their risk of falling. If they have fallen in the past year or have a fear of falling encourage them to enroll in an evidence based fall prevention program, such as "Stepping On" or Tai Chi. These classes have been proven to increase strength and balance and to reduce the chances of falling. Enrolling in these classes empowers people to maintain an independent lifestyle.

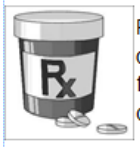
To find a "Stepping On" fall prevention program near you, visit www.chronicdiseaseprevention.mt.gov and click on the community based programs section.

If you want a customizable press release that you may use if you are planning a Falls Prevention Awareness Day event in your community or for more ideas on Fall Prevention Awareness Day Activities visit https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-awareness-day/, or contact Jeremy Brokaw, Injury Prevention Coordinator at jbrokaw@mt.gov, or 444-4126.

FALLS PREVENTION AWARE-

PREVENTING FALLS


Start a good exercise program that promotes strength, balance, and flexibility.



Review medications with your doctor to make sure side effects will not increase your chance of a fall.


Check your home and surroundings for clutter and poor lighting that can cause a fall. Use handrails in the bathroom and shower.

Make sure to regularly have your vision and hearing checked.

FALL PREVENTION WORD FIND PUZZLE

J	T	M	D	E	C	N	A	L	A	B	H
I	C	E	F	T	F	H	Y	O	Z	P	A
N	D	D	F	A	L	L	S	C	V	R	Z
O	M	I	C	G	F	F	R	O	B	E	A
I	X	C	O	B	F	L	Z	J	E	V	R
S	F	A	A	O	U	A	W	X	X	E	D
I	S	T	R	E	N	G	T	H	E	N	S
V	Y	I	Y	S	Y	S	H	Q	R	T	I
K	Q	O	N	T	K	U	I	L	C	I	K
D	N	N	H	Z	Z	D	Z	D	I	O	E
D	H	S	B	C	N	Z	A	V	S	N	V
N	G	N	I	R	A	E	H	R	E	Z	K

FALLS VISION EXERCISE

PREVENTION HEARING BALANCE

MEDICATIONS HAZARDS STRENGTH

UNSCRAMBLE THE WORDS!

1. RNHDSIALA _____
2. HILGTNTHGI _____
3. NVTPNIEORE _____
4. EREWASANS _____
5. CEREEISX _____
6. AINWGLK _____
7. XLFLBIYITIE _____
8. COTODR _____
9. EIIDCMNE _____
10. OHEM _____

Mark Your Calendar

August	Important Dates
4	CRTAC
12	STCC– Helena
27	Simulation in Motion Montana -Helena

Sept	Important Dates
10	ERTAC– Billings
11-12 11-12	ATLS– Helena PHTLS-Miles City
23	MTS-Billings
24-25	Rocky Mountain Trauma – Billings

Oct	Important Dates
3-4	PHTLS-Helena
9	WRTAC-Missoula
22	CRTAC-Great Falls

PHTLS Link for Miles City: Registration link: http://www.naemt.org/education/SignUpForACourse.aspx

Course # PH-15-4828-03

ATCN courses for nurses is in conjunction with ATLS in November 6-7 in Billings, MT (Full)

Contact: Penny Clifton (ATCN)- ellen.clifton@sclhs.net

Advanced Trauma Care for Nurses (ATCN) is an advanced course designed for the registered nurse interested in increasing his/her knowledge in management of the multiple trauma patient